1								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									10/183563					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	E	NTITY	OF.		THAN ENTITY	
TOTAL CLAIMS			9		-			RAT	Ē	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
Ţ	OTAL CHARGE	\$ minus 20=		•			xs 9	=		OR	X\$16=			
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P			7 minus 3 =			·		X43:	8		OR	X86=	344	
L	ULTIPLE DEPE	NDENT CLAIM P	RESENT					-145	2		OR	-290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTA	L		OR	TOTAL	1114		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2						(Column 3)		SMAL		ENTITY	OR	OTHER SMALL		
MTA	4-5-05	CLAIMS REMAINING AFTER AMENDMENT		PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	.20	Minus	-2	O.	-/		X5 9=			OR	X\$18=		
I WE	Independent	<u> 3</u>	Minus	<u> </u>	<u>/</u>	<u> </u>	.	X43=		/	OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		1.	OR	+290=	/-	
	(Column 1) (Column 2) (Column 3)								AL	/ -		TOTAL		
									ADDIT. FEE ADDIT. FEE					
		CLAIMS	1	HIGH	EST	(Colditar 5)	lr	,=	7	ADDI-	· 1	-	ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL	
	Total	•	Minus				ŀſ	XS 9=		,	OR	X\$18=		
	Inospendent	<u> -</u>	Minus		<u> </u>		Ιſ	X43=			OR	X86≃ .		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 	+145=			OR	+290=		
									W.	•	OR	TOTAL		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY .	PRESENT EXTRA	ſ	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	60		• .		X\$ 9=	T		OR	X\$18=		
ME	independent	•	Minus	,		8		X43=	十		İ	X86=		
ك	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	╫		OR			
•	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										OR	+290=		
"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											OR A	TOTAL DOIT. FEE		
		mber Previously Pai ber Previously Paid					r foun	d in the a	ppr	opriate box	in colu	imn 1.		